



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#211D
1Bee
5-13-03

In re Application of:

Art Unit: 2815

Racanelli et al.

Examiner: Jose R. Diaz

Serial No.: 09/590,462

Filed: June 9, 2000

For: **Double-Implant High Performance
Varactor And Method For
Manufacturing Same**

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AMENDMENT AND RESPONSE TO OFFICE ACTION

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Office Action dated December 3, 2002 in the above-referenced patent application. Please enter and consider the following amendments and remarks.



\$2815
cc

Attorney Docket No.: 02SPE133P

AMENDMENT COVER SHEET

#20
BEB
5-1303

IN RE APPLICATION OF: Racanelli et al.

SERIAL NO.: 09/590,462 FILED: June 9, 2000

FOR: Double-Implant High Performance Varactor And Method For Manufacturing Same

Honorable Commissioner for Patents
P.O. Box 1450; Alexandria, VA 22313-1450

05/07/2003 FFANAEIA 00000072 09590462

01 FC:1252

410.00 OP

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$ 410.00
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

☒ TOTAL EXTENSION FEE \$ 410.00

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	25	MINUS **44	* = 0	x 18	x 9	\$
INDEPENDENT	4	MINUS ***6	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

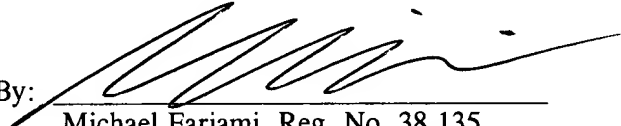
* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

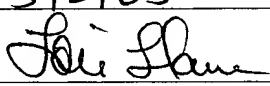
- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 410.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 5/2/03

By: 
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on:

5/2/03


Signature

Lori Llave
Typed or Printed Name of Person Mailing Paper and/or Fee

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